

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 6104

6104 **63-044212**
STATE FILE NUMBER

VS 300
Rev. 4/59

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1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Kansas City**

Length of stay in 1b
4 Months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Lindeman Nursing Home**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5000 Oak

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print) First **MAGGIE**

Middle

COLE

Last

QUICK

4. DATE OF DEATH

Month **Nov**

Day

8

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

April 13, 82

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months **8** Days **1**

IF UNDER 24 HR

Hours **1** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Homemaker

10b. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (City and state or country)
Livingston Co. Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Joshua Cole

13b. MOTHER'S MAIDEN NAME

Grace Taylor

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Nondas Quick, 5000 Oak Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

Sudden

DUE TO (b)

C.S.H.D.

6 months

DUE TO (c)

Diabetes Mellitus

1 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **July 5-63** to **Nov 8-63** and last saw her alive on **Nov 8-63**.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D V McWilliams MD

22b. ADDRESS

1106 Huron Bldg KCK Mo 11-9-63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-10-63

23c. NAME OF CEMETERY OR CREMATORY

Oregon Cemetery

23d. LOCATION (City, town, or county)

Oregon, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Melody McGilley Eylar F. H. 20 W. Linwood

25. DATE RECD. BY LOCAL REG.

11-9-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

Dr. C. V. M. Williams
Huron Bldg KCK
1-4PM Saturday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lloyd F. Dickmon

Licensed Embalmer No. 5120

P. O. Address KC 11, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.